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		D 00	ament it	age	1012				
Fill in this in	formation to identify	your case:							
Debtor 1	Lamar A. Freema	an							
	First Name	Middle Name	Last Name						
Debtor 2 (Spouse, if filing)	Loretta Freemar	Middle Name	Last Name	****					
United States I	Bankruptcy Court for the:	District of Ne	ew Jersev						
1	22-19222								
(If known)			<u>.</u> 			c if this is:			
						amended filing supplement showing postpetition chap			
					inc	come as of the following date:	oter 13		
Official Fo	rm 106I			MM / DD / YYYY					
Sched	ule I: You	ır Income		12/15					
If you are separate shee	arated and your spot	ou are married and not ti use is not filing with you, top of any additional pa	ing jointly, and y	our s	pouse is living w	ebtor 2), both are equally responsible fo ith you, include information about your spouse. If more space is needed, attach (if known). Answer every question.			
Fill in your information	employment n.		Debtor 1			Debtor 2 or non-filing spouse			
If you have	more than one job,								
attach a se information	parate page with about additional	Employment status				☐ Employed	☐ Employed		
employers.				yed		☐ Not employed			
Include par self-employ	t-time, seasonal, or ed work.	_	lanitor						
Occupation may include student or homemaker, if it applies.			Janitor		***************************************				
As attached the property of the state of the	Employer's name BP&SC Services-Abigail I				-Abigail House				
		Employer's address							
. ,			Number Street			Number Street			

			City	Sta	te ZIP Code	City State ZIP Cod	de		
		How long employed the	re?	_					
Part 2:	ive Details About	Monthly Income							
spouse une	ss you are separated.					, write \$0 in the space. Include your non-fil	ling		
If you or you below. If you	r non-filing spouse ha I need more space, at	ve more than one employe tach a separate sheet to the	er, combine the info nis form.	ormati	on for all employe	rs for that person on the lines			
					For Debtor 1	For Debtor 2 or			
List month deductions	ally gross wages, sala	ary, and commissions (be calculate what the monthly	efore all payroll	2.	URSONAL METALET TO COLON MONOTO COLON SERVICIO CONTRACTO	non-filing spouse			
			ago would be.	۷.	\$ <u>2,873.75</u>				
3. Estimate a	nd list monthly over	time pay.		3.	+\$0.00	+ \$0.00			
4. Calculate (gross income. Add lin	ne 2 + line 3.		4.	\$_2,8 7 3.75	\$0.00			

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Debtor 1

Lamar A. Freeman

First Name Middle Name Last Name

Case number (if known) 22-19222

		Fe	or Debtor 1	Fac D	-110					
		and the second	or Debtor 1		ebtor 2 or ling spouse					
Copy line 4 here	→ 4.	\$_	2,873.75	\$	0.00					
5. List all payroll deductions:										
5a. Tax, Medicare, and Social Security deductions	5a.	. \$	451.89	\$	0.00					
5b. Mandatory contributions for retirement plans	5b.	Υ_	0.00	\$	0.00					
5c. Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00					
5d. Required repayments of retirement fund loans	5d.	\$_	0.00	\$	0.00					
5e. Insurance		\$	0.00	\$	0.00					
5f. Domestic support obligations	5f.	\$_	0.00	\$	0.00					
5g. Union dues	5g.	\$_	0.00	\$	0.00					
5h. Other deductions. Specify:	5h.	+\$	0.00	+ \$	0.00					
6. Add the payroll deductions . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$_	451.89	\$	0.00					
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,4.21.86	\$	0.00					
8. List all other income regularly received:										
8a. Net income from rental property and from operating a business, profession, or farm										
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total										
monthly net income.	8a.	\$_	0.00	\$	0.00					
8b. Interest and dividends	8b.	\$_	0.00	\$	0.00					
8c. Family support payments that you, a non-filing spouse, or a depende regularly receive	ent									
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00					
8d. Unemployment compensation	8d.	\$	0.00	\$	0.00					
8e. Social Security	8e.	\$	931.00	\$	792.00					
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	ice 8f.	\$	0.00	\$	0.00					
8g. Pension or retirement income		•	0.00		0.00	de qualitar pri agrama.				
8h. Other monthly income. Specify:	8g.			\$		to copy and about 4 to 5 t				
	8h.	+\$_	0.00	+\$	0.00					
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.		\$	931.00	\$	792.00	and anything positions of				
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.	10.	\$	3,352.86	+ \$	792.00	\$ <u>4,144.86</u>				
 State all other regular contributions to the expenses that you list in Scheol Include contributions from an unmarried partner, members of your household, y friends or relatives. 			ents, your roor	mmates, an	d other					
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.										
Specify:										
2. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12.										
13. Do you expect an increase or decrease within the year after you file this form? No										
Yes. Explain:										